

THE HISTORY AND FUNCTION OF SOCIAL WORK  
IN THE MILITARY SERVICE

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## CHAPTER I

### INTRODUCTION

#### Significance

With the continued maintenance of a large military establishment, increased numbers of social workers can expect to be called upon to offer their professional skills in the development of Military Social Service. Although no program of conscription has been legislated, as for physicians and dentists, the need for competent military social workers is greater now than ever before. This need is increasing as the awareness of their function and the benefit derived from this function become better understood. The integration of social work into military in 1945 and its subsequent development to its present level have been recognized as instrumental in maintaining and conserving the defense strength of the country.

As an officer in the military, the social worker shoulders a responsibility that far transcends his contractual obligation in a civilian agency. The full significance of practicing a profession in a military environment is one of the most difficult things for a civilian social worker to comprehend. This is a problem that confronts all new entrants into military social work. Generally, training and most aspects of civilian practice allow for much greater latitude in choice and self-determination, which are not present in the military environment. The single purpose of the military is the increasing of its efficiency to the point where it can successfully defend the country against aggression. Until the military social worker can recognize this singleness of purpose, he will encounter continued difficulty in this environment. However, once this concept is assimilated, he can then draw upon his

civilian experience in other settings where similar limitations and inflexibilities exist, such as agencies and institutions which operate within strictly prescribed legal limits.

The ultimate goal of the military social worker is to help develop the soldier, airman, etc., to utilize his fullest possible capacity for self-maintenance in the military community. If this result is to be accomplished, the military social worker has to learn to share the singleness of purpose of the military in performing in his military capacity.

### Purpose

The purpose of this study is to trace the development of Social Work in the military from the recognition of the need to its present point of development and acceptance. It is designed to show the military social worker in his day-to-day duties and responsibilities, and to help other social workers to understand the functions of military social work. It will show the role of the social worker in his contribution to the prevention, treatment, and disposition of problems of casework and mental health which occur within the military framework. It will show the military social worker's means of appraising and meeting the needs of the patient in reference to the mission of the military.

### Method of Procedure

In securing data for this study, an extensive review of literature dealing with military social work was made. Initial sources of information were the Army and Air Force regulations and procedures establishing military social work programs and outlining their functions.

Direct contacts with other military social workers for purposes of gathering information have been through attendance at military social work

conventions. The symposiums of these conventions were also utilized for material.

A letter was sent to obtain information on these two questions specifically: (1) In what official and unofficial activities other than direct casework with patients are social workers at your installation utilizing their professional experiences, skills and training? (2) In what official and unofficial activities other than casework could trained social workers make a real contribution if they were given the opportunity? These questions were asked to get the opinions of the military social workers on how they felt about their utilization, whether their assignments were limited to their specifically outlined duties or whether there was additional functioning that would make their roles more rewarding. This study is not limited to the Air Force. It includes both Air Force and Army social work programs. However, it will exclude Navy, Marine Corps and Coast Guard since these military branches are serviced by Civil Service.

#### Scope and Limitations

The casework relationship has to be developed and managed with consummate skill to be effective and to be kept in the bounds of the military framework. Being effective means that the casework results would have to meet military requirements as to time, framework and disposition. Basic trainees and persons attending technical schools are limited as to the amount of time the military social worker has to work with them. If he is not able to recognize the problem and offer a constructive solution within the time available, a backlog will accrue which will negate the singularity of purpose upon which the military is based. Conjunctively with his professional pursuits, the military social worker is expected to perform administrative functions not

allocated to professional officers in the medical and dental corps.

Presently on active duty in the military service, there are fifty-nine Social Workers. They are assigned in all areas of the continent and overseas. The duties of the military social worker are presented in terms of social work skills adapted to the military setting and the integration of the social services with other professions represented in the field of military medicine. The principles concerning the organization and operation of the social work section are included. In view of the dispersment of the various installations, no specific geographical area is involved. An attempt is made to show what has been achieved in the handling of problems peculiar to the military, what areas need further investigation, and what can be done to create greater liaison between military and civilian agencies in areas of mutual responsibility.

## CHAPTER II

### ADAPTATION AND FUNCTION OF SOCIAL WORK TO THE MILITARY

#### Need for Adaptation

How does the civilian trained and experienced social case worker become a military social worker? What does he do within a specialized area of military medicine to help further military purposes? What usable professional understanding and skill does he bring from his civilian background and what must he learn on his military job?

Greatest fact of difference between civilian and military social work is the military framework. Military life and goals represent the antithesis to civilian life and goals. The mission of the military today is to protect a way of life from destruction; its immediate goal is the successful destruction of the enemy during time of war. To this end alone the military must and does use its entire personnel. Every man in military services has been given his training and assignment for a specific part in that one goal. Military social workers and most military patients have this as their common aim.<sup>1</sup> This aim in itself may be a very positive factor toward their individual adjustment to a new way of life, however temporary. As military persons, such a common aim also emphasizes a difference between military and civilian social work in terms of the worker's job and the patient's needs. The methods by which the military establishes this job, trains and assigns the personnel to it, have no civilian parallel. The military machine experienced for war knows its requirements. Military law and program are made in accordance with these requirements. What the individual thinks about them or the

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Department of the Army Technical Manual, Military Social Work (Washington, 1950), pp. 6-7.

military use of him as a unit of manpower, matters little. The mechanisms of classification and assignment allow for some expression of occupational choice, within the limits of current military needs of given civilian experience in training. Beyond this the military classifies within the abilities of its personnel according to the requirements and needs of the different services.<sup>2</sup>

Thus, military life with its differences in methods and ideal from the new serviceman's past experience tends to emphasize loss of individuality. At the same time, it is not organized - broadly speaking - to deal with problems of the individual. Herein is found a dilemma for the military social worker.

These are some of the basic factors which make for uniqueness in the duties of military social work. Aid for disturbed people in civilian life is essentially related to their capacity to receive it and utilize it, whether it is given through direct therapeutic process or within the limits of a social case work agency. In a military setting, the basis of help is determined by the fact that military needs come first. The military is not a therapeutic agency. The military social worker's job, in its broadest sense, is to assist in finding out whether the military patient has a capacity for being a good serviceman and to help him become one. Such a service is not necessarily consistent with what the military patient may feel to be in line with his own best interest and possibilities for growth. The military social worker's job is further unique in that standards of adjustment, so flexible and varied in civilian life, are set to a degree for both worker

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Ibid., p. 10.



and patient by military authority, law and requirements. If the serviceman is found not to possess the capacities for these prescribed adjustments, there is one alternative to helping him. That alternative is to work with the serviceman and others, on the preparation of material as outlined in the various sections of the provisions for separation from the service, material which the physician and/or psychiatrist may wish to use in deciding whether to recommend discharge, referral for further medical studies or other procedures. In this sense, the fact that the military is not a therapeutic agent becomes an active force in the military social worker's approach to his job.

Within the broad limits of the military social worker's relation to general military authority, in his work, he is directly responsible to the medical officer of his service. The military operates on delegated authority. This is true in clinic work as well as in direct combat pursuits. Thus in the final analysis, the military social worker can take only the amount of responsibility which is delegated to him by the Chief of his Service.<sup>3</sup>

There are other facts which affect the military social worker as they do every serviceman. There is, first of all, the period of his living through the separation from civilian work and pursuits and possible separation from his family. There is his moving into military society and adjusting satisfactorily by every standard the military has created. He may find himself not enough of a person, in military terms, to interpret his function and be recognized as a professional equal by his constituents. This is especially true if he is initiating a service where none existed previously.

It is hardly necessary to add that the military social worker needs to

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Symposium on Military Social Work (Washington, 1955), pp. 4-5.

learn a new curriculum. In addition to becoming a serviceman himself and finding ways of adapting his skills to the new problem, he must learn the function and methods of every service in his installation. This knowledge not only aids him to understand the special nature of his patient's problems, but opens up manifold channels and opportunities for helping the serviceman patient in his adjustment. . A part of his new curriculum involves the areas of medical terminology, psychopathology and psychiatric nomenclature. But even more, he must be responsible for himself as a military case worker as he begins to grasp, and to appreciate, the specialized knowledge and skills of physical medicine, psychiatry and psychology, and the common cause he has with those professions in a prescribed, purposeful service established by the military for the military.

The military social worker is called upon to apply the fundamentals of his profession in the processes of military selection, rejection, screening, reconditioning, specialized treatment, re-training, mental hygiene, diagnosis, and treatment of mental illness and other related responsibilities under circumstances varying in a particular situation. In each setting, he will be allied with military medicine, psychiatry and psychology to preserve the military manpower. In addition he must assume other important responsibilities assigned him as a unit officer.<sup>4</sup>

In the area of direct service to patients, military social workers function in: (1) the intake processes; (2) collecting and evaluating pertinent social data; (3) planning and disposition; (4) social case work treatment; (5) individual and group psychotherapy; and (6) utilizing other

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American Association of Psychiatric Social Workers, "A Summary of a Job Study Undertaken by the War Service Office" (1943), pp. 9-10.

resources.<sup>5</sup>

The social worker's training particularly equips him for assisting in the first steps of bringing together the patient's problems in the service of a military medical and/or neuropsychiatric team. In this process he helps the patient to define his problem, explains the services available, helps the patient to relay his problem to the services being offered and, if indicated, helps him to accept his illness and need for care.

The actual procedures employed in the process will vary widely and will be governed primarily by the mission of the particular installation and the condition of the individual patient. In the neuropsychiatric team relationships, the military case worker must recognize the importance of the intake process as a phase in the care of the mentally ill and emotionally disturbed patients. He must make certain that the process revolves around the individual's need and desire for treatment and the ability of the team service to meet the need. The military case worker assembles pertinent information and data concerning the patient's emotional development as influenced by environmental factors. This material is utilized by the team for purposes of diagnosis, evaluation of treatment and disposition. It consists not only of certain relevant dates and events, but of the patient's attitudes and feelings toward these and other environmental factors that have influenced his development and illness. It may contain corroboration of material furnished by the patient and frequently a more objective picture of the patient's life obtained from community sources, civilian and military.

To be of maximum value to the team, this information must be properly assembled and evaluated. By such action, the case worker is in the position

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<sup>5</sup>

Ibid., p. 16.

to present effectively the material to the total team for the purpose of making a diagnosis or constructing a plan of treatment. The military social worker's primary contribution to aiding in the diagnosis, treatment and disposition of mentally and emotionally disturbed patients is made through case work service. By means of this person-to-person working relationship with patients, the military case worker can help the patient determine and resolve specific complications within his environment which interfere with his adequate functioning as a serviceman. This helping process derives from the military social worker's professional case work skills and techniques. When this primary service is given by the social worker, the individual has an opportunity to develop a clear understanding of his problem, to see the military attitudes in relation to it, to evaluate the possibilities of its total or partial solution, and to acquire further understanding of what it takes to adjust satisfactorily to this new environment. Usually he will find that his living conditions, assignments or combat experiences have not changed, but that his attitude toward them has changed and, therefore, they have become more bearable. Above all he has found that the help available to him with his problem requires him to take some part in its solution.<sup>6</sup>

Although the military physician, as the medical member of the unit, is ultimately responsible for the treatment of patients, he may determine and assign to social workers what some consider non-case work treatment activities. These may be in the form of individual or group therapy sessions. The extent to which such assignment is made depends upon the professional competence of the military case worker; the amount of technical consultation the physician, usually a psychiatrist, can give; and the immediate demands and

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Symposium on Military Social Work (Washington, 1955), pp. 19-20.

services being made upon the team. Such efforts to modify firmly rooted emotional disturbances are not considered to be "case work" when such treatment is undertaken by the military social worker; and as such, they must be planned so as not to detract from his primary function in the treatment of patients.

Another direct service offered by the military social worker to patients is helping them to utilize pertinent and appropriate resources in the civilian and military communities. This function not only requires a useful knowledge of the numerous facilities and services which the military provides for the welfare of its personnel, but also requires an effective familiarity with appropriate civilian community resources. In addition, it demands a definite skill in making the referral process of value.

The nature of the complications brought to social workers ranges through the wide gamut of personal and environmental problems that beset human nature in all of its surroundings. In each instance, however, whether the problem is a mere superficial misunderstanding or a deep situational maladjustment, the military case worker is responsible for helping the patient to relate his problem to his status as a serviceman. Only in this way can the patient become fully aware of the reality to which he is expected to adjust. The individual serviceman exists for the military. His needs and his desires must conform to its primary mission of success in combat. Upon this concept must be based any attempts to help him resolve his situational difficulty.

Both the military social worker and his patient know and share the same standards of individual performance which the medical and psychiatric units exist to support. The military is on record as to the extent to which it can safely tolerate certain deviations in physical disabilities, behavior, attitude and mental health. It is the positive factors in the patient's ex-

perience and personality, within the scope of military standards and environment, to which the military social worker adapts his social work procedures, goals and techniques.<sup>7</sup>

#### Mental Health in the Military - A Command Responsibility

As a member of the medical neuropsychiatric team, the military social worker is called upon to help the command create and maintain good mental health in the installation which his team is servicing. Such action is usually accomplished by: (1) orienting the officers and non-commissioned officers to a full awareness of the importance of their own responsibility for sound mental health and of the method by which they can contribute to its maintenance; (2) helping the total personnel of the Command to understand certain rudiments of human behavior and motivation. These functions are accomplished by didactic lectures as a part of regular training schedules of the troops and by conferences and discussions with key cadre personnel. In addition, the military physician, through his advisory relation to the Command, not infrequently is in a position to contribute to the development of review of policies, particularly in the area of personnel management. The social work staff thus has both the opportunity and the obligation to report current findings from patient experience within the military environment which throw light on policy implication in the area of adjustment and mental hygiene.<sup>8</sup>

The success of the military social worker may depend on how well he interprets his work to: (1) the total personnel of the larger organization

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<sup>7</sup>  
Department of the Army Technical Manual, Military Social Work (Washington, 1950), p. 21.

<sup>8</sup>  
Mental Hygiene Aids for the Line Officer (Washington, 1944), p. 22.

which he serves; (2) other members of the medical team; (3) his civilian co-professionals. The military medical and neuropsychiatric team finds its degree of effectiveness closely allied to the degree of awareness on the part of the personnel it serves. The military social worker, because of his normally close association with the environment of the patients, is able to assume a large share of the responsibility for such interpretation of the team service. This interpretation not only consists of demonstration by practice but also includes consciously organized efforts to help the local military community become fully aware of the nature of the team's preventive and treatment services.

In addition, the military social worker will be of great significance to the total service of the team if other members of the team are fully cognizant of what case work is, how it is practised, and what it can accomplish as a part of the team service. A third area of interpretation, for which the military social worker has responsibility, is the field of civilian social work. Military social work benefits from a close association with the large civilian programs. Such an association can be made increasingly effective if the civilian field is informed of developments and needs of its military counterpart.

## CHAPTER III

### HISTORY AND DEVELOPMENT OF SOCIAL WORK IN THE MILITARY SERVICE

In World War I the need for social workers was demonstrated at Plattsburgh Army Base, Plattsburgh, New York, by volunteer American Red Cross personnel. This led to the assignment of psychiatric and, later, medical social workers to the larger Army Medical Recuperation Centers. This was a function of the American Red Cross and remained so from 1918 through 1942. In 1942 a psychiatrist at Ft. Monmouth, New Jersey, gathered together six enlisted trained social workers and demonstrated that the military could do this type of work.

In December 1942, the War Service Office of the American Association of Social Workers prepared a simple job study questionnaire which was given official clearance for distribution to the twenty-eight civilian trained social workers who, according to the War Service Office lists, were working with military psychiatrists. With the exception of one unit, all had been working without benefit of professional status as psychiatric social workers, regardless of their actual classification or responsibilities. At the time, a Military Social Worker was described as a soldier eligible for classification under SSN (Serial Specification Number) 263, who was assigned to carry psychiatric social work responsibilities in a psychiatric unit as a major part of his military job, and in doing so worked under the administration and professional direction of psychiatry. By the time the questionnaire caught up with the twenty-eight (28) men, two were assigned to other jobs due to the abandonment of their clinical units. Three replies were eliminated because the men, though eligible for SSN 263, did not prove to be administratively and professionally competent. In all, twenty-five replies were accepted, dealing with the work of twenty-seven men in eighteen psychiatric units.



One reply was the joint product of three psychiatric social workers.

Twenty-one of the men were graduates of organized schools of social work; three from the curriculum in psychiatric social work and eighteen from social case work. Two had completed all work but their thesis. The professional education of the remaining four consisted of one year for one soldier and less than one year for the other three. Most of the men had completed their graduate training in 1940 or later. Few of the original group had any working experience with psychiatry. The accumulated paid social work experience of all twenty-seven men was, however, quite extensive. It was the unusual man who had not had previous jobs particularly in public welfare, in social group work or in institutional situations. Several of them had been agency executives or supervisors prior to entering the service.

The military classification system first recognized the civilian practice of social work as an occupation in 1942 through the process of establishing Serial Specification Number 263. This number served to identify military personnel with civilian backgrounds in social work. The classification of a social worker as SSN 263 was just that; what occurred in the subsequent process of assignment involves other steps in the procedure.

A Military Occupation Specification 263 holds evidence that within the military the serviceman was rated as a psychiatric social worker, for usually a serviceman receives a Military Occupation Specification only after he has served a three-month assignment in a specific job. Of the original twenty-seven, six were classified as MOS 263, six were classified as Serial Specification Number 263, and fifteen were classified as 289, Personnel Consultant's Assistant; of these fifteen, eight had the Serial Specification Number 289 as a sole classification.

The duties of the military psychiatric social worker 263 were defined as follows:

Under supervision of a psychiatrist, performs psychiatric casework to facilitate diagnosis and treatment of soldiers needing psychiatric guidance. Administers psychiatric intake interview and writes case histories emphasizing factors pertinent to psychiatric diagnosis. Carries out mental hygiene prescriptions and records progress to formulate a complete case history. May obtain additional information on soldiers' home environment through Red Cross or other agencies to facilitate possible discharge planning. Must have knowledge of dynamics of personality structure and development and causes of emotional maladjustment.<sup>1</sup>

The rank of the initial group was as follows: seven held the rank of private, five of private first-class, two were corporals, five sergeants, one staff sergeant and six technical sergeants, there was one commissioned officer, a first lieutenant. The appearance of an officer serving as a military psychiatric social worker precipitated a request for further information. The information revealed that the lieutenant was commissioned on entry into service, and had been ordered to an Army Air Force Consultation Center. He was called a case work supervisor and had been assigned military psychiatric social work responsibilities as a major part of his military job. His professional duties included assisting in the selection and assignment of the military psychiatric social work staff, in the development of in-service training of such personnel, in the establishment of military psychiatric social work standards of practice and procedure designed to serve the purposes of the unit. His classification was Aviation Psychologist. He was a social case work graduate of a school of social work and had had subsequent professional experience in civil life.

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<sup>1</sup>  
American Association of Psychiatric Social Workers, "A Summary of a Job Study Undertaken by the War Service Office" (1943), pp. 17-18.

No stated plan was forthcoming for the direct commissioning of military psychiatric social workers, although pressure from the various social work organizations was making this need felt in the classification and assignment section in Washington.

The process of assignment of qualified social workers to psychiatric units continued. For the most part, only through continued desire of the social workers to serve the military in their professional skills were satisfactory placements achieved. This common goal was worked toward through a creative use of military channels, and investigation of clues as to the whereabouts of clinical services. Some examples are as follows:

The Chief Psychiatrist asked **classification** and assignment for a competent social worker. Since I was working in classification, I saw to it that I applied.

It came about accidentally that qualified men were on the post, and by a rough use of common sense (on the part of the first sergeant who assigns new arrivals), we were assigned. From that point on we have slowly evolved as Officer's Aides and we hope to continue the process of slow evolution into recognized military social workers....<sup>2</sup>

It is to be noted that the inductees of 1943 and 1944 had a better chance of becoming military social workers than those sworn in as servicemen in 1941 and 1942. However, as late as 1944 **neither** job classification nor specified duties had been formalized.

During this period, supervision of the case work job, its techniques, skills and processes were so undefined that it was impossible for supervision to be maintained. The supervision was such that one worker was generally responsible for the supervision of a new worker until he got the "hang of the service." In only two known units was supervision maintained on an organized plan. In the first, supervision was maintained by two Red Cross social

workers who were made responsible for regular periods of case consultation and case supervision. The second was in the Army Air Force Consultation Center where there was an officer supervisor who reported sustained case work supervision plus an organized in-service program of social work group education.

Liaison with the Red Cross was apparently good in most of the units. If no Red Cross social workers were attached to the mental hygiene clinic or hospital section, those services could be requested through hospital services personnel. The Red Cross was sought by most services for individualized social histories to be obtained on request, through Home Service in the Chapters. The Red Cross social worker was responsible for services to men about to be discharged: for explaining the purpose and process of filing claims with the V. A.; for giving information about Chapter facilities, and about governmental provisions for employment, vocational training, medical and other services to veterans. The Red Cross' responsibility covered the period just preceding, and just subsequent to, discharge.

Several cases were recorded where the military social worker worked with patients on their military difficulties and, at the same time, the Red Cross worked with the same patients on family problems. For the most part, however, the assignment of cases jointly by the military social worker and the Red Cross social worker was as new as the military's use of its own social work personnel.

From the establishment of social work as a military occupation in 1942, until the placement of the first coordinator of social work, Major Daniel E. O'Keefe, in the Surgeon General's Office in 1944, assignment of enlisted social workers was largely the result of individual initiative and chance. Working relationships between military psychiatric social work and military

psychiatry were not yet clearly defined in practice.

The military duties for each social worker included interviewing, follow-up case work treatment, referrals, community relations and interpretation, case correspondence, and the beginning of group relations and mental hygiene responsibilities. Fundamentally the military social workers were carrying out their military professional functions above, or in conjunction with individual psychiatrists in the differentiated services of various kinds of clinical or hospital units. In-service training, orientation to the purposes and problems of the different units, evaluation of case work ability and case distribution - to a great degree - were handled by the psychiatrists. Sustained case work supervision of psychiatric social case work processes and of the purposeful adaptation of skills appears to to have been unusual. The deep interest of the military social worker in his contribution, fractional though it may have been, convinced him that military social work could definitely assist in the process of creating a more efficient military manpower. Experiences were convincing that in collaboration with other services they could help weed out the inept, and assist enlisted men to stabilize their adjustment toward military life, when the maladjustment was predominantly an outgrowth of being in the military. The early military social worker appeared certain that psychiatric social work could become an important psychiatric adjunct in the maintenance of military morale.

The establishment of a Serial Specification Number and a Military Occupation Specification plus the efforts and programs of a number of individual psychiatrists, clearly pointed out that military medicine was prepared to utilize civilian-trained and/or experienced military social case work personnel in its neuropsychiatric services. The recency of psychiatric social work as a military profession, and the fact that social work was not yet an estab-

lished part of the American culture, may help to explain the gradual use that appears to have been made of specialized skills available to military medicine. Perhaps few psychiatrists of that time had had clinical experience in an inter-professional service through which they could have become more familiar with the social workers' discipline, knowledge and methods of helping troubled people help themselves. It was the original group of enlisted military social workers who laid the foundation for the establishment of psychiatric case work as a collaborative, separate service supplementing medicine and psychiatry.<sup>3</sup>

In June, 1945, the recognition of the worth and need of military social work culminated in the publishing of Military Occupational Specification 3605 for officer social workers. It covered the grade span from second lieutenant to colonel. Major O'Keefe was the social work coordinator at this time. With the cessation of hostilities in August, 1945, there was again a lag in military social work advancement. Major O'Keefe was discharged and the program was then headed by Mrs. Elizabeth Ross, a civilian consultant. In April, 1947, Lieutenant Colonel Elwood W. Camp was appointed Chief, and brought about the high point of military social work. He arranged, through the Surgeon General's Office, to assure professional competency in all areas of specialization, and for the appointment of civilian consultants. Regular military officers, beginning in October, 1947, could apply for training as social workers in civilian schools of social work, with the military paying all expenses. The "case aide" plan was established whereby enlisted men with a minimum of two years' college could be sent to an extensive course offered by military at the Medical Field Service School and staffed by qualified

civilian and military social workers. Upon graduation they became social work technicians and were used to supplement the professional social workers on a non-professional level. In August, 1949, a new training program was announced for male graduate students of social work who had been accepted for the second year of graduate training. Under this program, commissions as second lieutenants were offered; the military would pay all expenses through graduation. The officer would then serve a qualifying tour at a large general hospital, and upon graduation would be granted a regular commission in the military. The program extended through 1950 and 1951.

The social service programs of the Army, Navy, and Air Force are different. The Navy is staffed by civilians. The Air Force has commissioned social workers, but is still in the process of developing leadership in their program through organization and assignment of personnel in the Office of the Air Surgeon General.

The goal or objective of military social service is: (1) to create a reservoir of qualified social work officers in reserve; (2) to maintain an adequate professional social work program for the military sick and injured; and (3) to assist in the preservation of manpower.<sup>4</sup>

The high point of the military social work program was achieved in 1952, when 165 social work officers were on active duty in all branches of the Service; 107 were psychiatric social workers and 58 medical social workers. There were 260 enlisted technicians (case aides) and 65 civilian social workers. However, even with this comparatively large number of officers on duty, there was a total requirement of 243.

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<sup>4</sup>

Military Defense and Social Welfare (Washington, 1955), p. 19.

A breakdown of placements showed twenty-two officers overseas, one officer in a civilian school of social work, one hundred and seven at Class I and Class II hospitals, two in the office of the Surgeon General, fifteen at Medical Field Service School, fourteen in Mental Hygiene Consultation Services, three in U. S. Disciplinary Barracks and one at a Rehabilitation Center.

Since 1952 the program has declined as far as numbers are concerned. The Medical Service Corps, which contains all social workers has been restricted on commissions. The decrease of military appropriations, loss to the military by attrition, the closing and combining of numerous medical installations, and the lessening of military manpower following the Korean conflict, are all acceptable reasons why the present military social work strength is fifty-nine officers, nineteen in the Air Force and forty in the Army. This reflection is not completely negative, however, in view of the large reserve that has been built up. Should the number of military social workers on active duty become too low, the President has the authority to draft them from civilian life under Public Law 779, 81st Congress. The bill is known as the "Doctors' Draft Law," but, unknown to many persons, it encompasses all allied professionals associated in the care and well-being of the physically and mentally ill.<sup>5</sup>

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Department of the Army Technical Manual, Psychiatry and Military Law (Washington, 1950), p. 31.



## CHAPTER IV

### OPERATIONAL STANDARDS AND PROCEDURES OF MILITARY SOCIAL WORK

#### Mental Hygiene Consultation Service

Mental hygiene is vital to success in military training. The military has established Mental Hygiene Consultation Services in every military district and training area. The skills of the psychiatric social worker and psychologist are pooled to offer a program of mental hygiene to the training division.

A complete psychiatric examination is given to each man referred to the psychiatric clinic. This includes an intake interview, an explanation of pertinent background material including his feelings about it, selected intelligence and personality testing and an interview with the psychiatrist. Upon completion of this diagnostic evaluation, an appropriate recommendation can be made to the command concerning the individual serviceman.

The majority of the men evaluated are given sharp encouragement to return to duty. A number may become more effective personnel thru: (1) reclassification; (2) reassignment; (3) modification of their training schedule; and (4) psychiatric treatment. A few who are below the minimum standards for retention in the military and are a definite liability to military training, discipline and morale, are discussed with organizational commanders who can recommend such individuals for separation from the service.<sup>1</sup>

All of the above recommendations enable men to be retained on duty status

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<sup>1</sup>

Mental Hygiene Aids for the Line Officer (Washington, 1944), p. 38.

who might otherwise have been rendered useless to the military. Psychiatric treatment is offered to the patient in accordance with his need and readiness for therapy. It may be offered to the patient in the offices of the Mental Hygiene Consultation Service or in the field. This is better defined by stating that the less hospital atmosphere involved the less likely the patient is to succumb to the sedentary activities associated thereto. Hence the location of the mental hygiene field offices with the training groups is distant from any "pleasurable" environment. For the most part group therapy and supportive case work is offered in the field.

Diagnostic evaluation does not alleviate a patient's disturbance. Therefore, a program of supportive case work in the field is initiated for those patients who need some help in meeting the demands of basic military training. This function is primarily that of the social work section. Case work services in the field are offered to those individuals recommended for such treatment. In the supportive case work program in the field, not only the patient, but also the organization commander, section chief, first sergeant and other members of the staff are interviewed in order to obtain their impressions of the patient and his performance and to discuss the patient and his illness.

Several factors are important in the decision to go to the troops, rather than having the troops come to the Center. First, it is recognized that the consultation service is maintained as a supporting service to the training echelon and that all training is important. Second, it is less time-consuming to visit the patient rather than have the patient visit the clinic since it would eliminate his traveling from the training area to the Mental Hygiene Consultation Service Center. It has been estimated that more than four hours of training time per patient per interview have been saved by

this method. Third, the number of hospital admissions for psychiatric patients is noticeably reduced. For this method of visiting the patient helps to convey the feeling of interest while, at the same time, it is also less embarrassing for him to report to a building in his organization rather than to the Mental Hygiene Consultation Service. To help a patient face the reality of being in the military, it is more realistic to keep him in the training atmosphere.

All contacts with the patient receiving this type of treatment are in the field. Appointments are arranged with the patient's organization and are made at an hour when the patient will have administratively free time as determined by the training division's scheduling section. This avoids his having to make up time spent in an interview with the member of the clinic staff. Both the technical instructor and the patient are satisfied with this plan, because make-up time is usually in the evening, after the completion of a hard day's training. Interviews are conducted in a building in the organization area where privacy is assured, and in an atmosphere that is desirable for productive results.

The bulk of the case load is comprised of patients who are recommended for continued duty, but are in need of some support in coping with the problems of adjusting to military life. These men need more than well-meaning statements followed by the direction "to carry on as best they can." Some need help in arriving at decisions about their role in the military; others need to talk over their problems with some one who not only has knowledge of military resources, but who has made a special study of civilian attitudes. Therefore, these men may be helped to find a solution which will be satisfactory. It is the aim of the mental hygiene consultation service to strengthen the patient's positive desires, helping him to use his own

strength, but without making him feel that the clinic is there to solve his problems for him. Thus the patient becomes free for constructive activity in meeting the reality of being in the military. He is helped to mobilize his power to do things for himself. An attempt is also made to help him reduce his fears and antagonisms. By so doing, he is permitted to retain his dignity and perhaps gain the feeling that he has been dealing with people who are genuinely interested in his welfare.

The supportive case work is directed primarily toward improving the patient's effectiveness as a soldier. The emphasis is placed upon feelings and attitudes about environmental factors, such as leaving home and coming into the military with its restrictions and regulations. The patient is encouraged to de-emphasize his negative feelings and to be more receptive to this new way of life, however temporary.

Finally it can be said that supportive case work in a mental hygiene consultation setting not only requires the relationship with patients, but also requires satisfactory liaison with people surrounding the patient so that viewpoints may be exchanged. In the military setting the social worker must realize that mental health is a command responsibility and that the consultation service is a supporting element offering specialized services to the troop commanders.<sup>2</sup>

#### Class I and Class II General Hospital

A general hospital is one which is formed of the following professional elements: Medical, surgical, psychiatric and neurologic, outpatient, dental, laboratory, radiologic and nursing. Social Work is a section in psychiatry

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Mental Hygiene in Modern Society (Boston, 1950), pp. 151-157.

and neurology service, but is hospital-wide in scope with case workers serving all of the departments which provide direct care to patients. Services which are provided through the social work section are:

(1) Social case work for military and dependents, in-patients, out-patients, and relatives of such patients. In carrying out these services, the techniques of environmental modification, psychological support, and clarification can be utilized. Major case work areas involved are: (a) social and emotional problems of patients in the hospital which involve ward adjustment, interfere with acceptance and use of medical care, limit the rate or degree of recovery are generally disrupting and stressful to the patient. This often involves the very distressing business of terminating hospitalization and going back to military duty; (b) planning with patients for discharge from the hospital and from the service. Much staff time is, of necessity, involved in this type of service, for this is a very large group of patients and there are many special problems relating to referral to appropriate community resources. However, since this is the seat of the ever-present problem of chronicity and secondary gain from illness and all its various forms, it is most important to cut through this vicious circle as early as possible. An attempt is made to provide continuous social and medical treatment for both the convalescent phase of illness and for the emotional difficulties related to rejection by the Armed Forces, decision and degree of disability and compensation, and return to unfriendly environments from which relief has often been sought by enlistment. There is particular concern about those servicemen who had psychotic breaks in the military and give a false history to avoid familial or other emotional supports; (c) planning with families of patients being transferred to the Veterans Administration and State Hospitals. Numerous strong family reactions are met in this area particularly when the

question of whether the illness is incident to service is raised and it is necessary to arrange for a transfer to a State Hospital. The family is quite often heard from for the first time when letters begin to reach them regarding such arrangements.

(2) Social evaluation or history through data elicited from the patient, relatives, military personnel associated or formerly associated with the patient, or obtained from local Red Cross Chapters through the unit located at the hospital.

(3) Orientation of new patients on psychiatric wards, particularly those admitted to closed wards. This service is provided chiefly by the social work technician assigned to the particular ward, who is responsible for knowing and aiding each patient on the ward, while the social work officer is necessarily more active on a referral basis. The function and status of the technician will be outlined later.

(4) Group therapy and group discussions on a limited basis are carried out in a variety of ways. Purposes range from discussing limitations and capabilities with a group of cardiac patients in collaboration with the cardiologist, to working with a group with varied psychotherapeutic approaches in which the psychiatrist and case worker participate jointly.

(5) The visiting room for closed ward patients on the psychiatry and neurology service is manned by the social work section. Social work and psychology technicians have received special training and orientation and are in charge of the visiting rooms on the evenings and week-ends. The service helps the families with regard to hospital and post facilities and arranges for an interview with various members of the social work and medical staff.

(6) The initial interview of all patients referred to the outpatient section of the psychiatry and neurology service is conducted by a case worker.

In-patients from medical and surgical wards and patients from various clinics of the services or the out-patient service are seen by the case workers assigned to those wards or clinics. If case work is indicated as a helping process, the case worker can provide continued case work service as necessary.

### Disciplinary Barracks

The social workers of the disciplinary barracks are members of the psychiatry and neurology department. This department also includes the administrative and clinical psychology sections.

The social work section is responsible for the preparation of the complete social history on each prisoner. This history is a part of the classification summary and consists of the following parts: Current offense, which is divided into official information and prisoner's version; prior offenses, which are further subdivided into military and civil; personal history, which includes general background, educational development, occupational development, social development and the military service. The patient's present situation and adjustment thereto is important in the evaluation and planning for his rehabilitation and eventual release to his civilian community. Many field reports are incorporated into the social history, including those made by the FBI., local police, American Red Cross, former employers, former commanding officers, and reports from his wife and other relatives.

Social work in disciplinary barracks differs from social work in other military settings because the worker prepares the social history not only as a part of his contribution to the neuropsychiatric team, but also for the classification board and for the parole and clemency board in Washington which is a part of the Adjutant General's Office. The classification board makes recommendations as to restoration, parole and clemency, which are

utilized as a basis for final decisions that are eventually made by the military parole board. The classification boards are primarily interested in factual material, whereas the psychiatrist and social worker are more interested in feelings and attitudes and the rehabilitative process.<sup>3</sup>

During the inmate's confinement, the social worker calls upon him periodically to offer case work services in an attempt to assist him in working out his problems. Case loads are assigned according to the terminal digits of the inmate's register number. The case work services include helping the patient to make a good adjustment to the institution, dealing with reality problems which are incident to incarceration, giving him case work support and help with his feelings and attitudes, and planning with him and his family for his release. The frequency of the interviews depends upon the individual case and the time available to the worker. Each social worker has a counseling case load, since adequate counseling is a necessary part of a well-balanced rehabilitative program.

It is particularly true in the disciplinary barracks that the case worker's contribution may be the primary therapeutic effort of the medical staff. The social worker usually spends much more time with the patient than does any other professional staff member. In the intake interview the prisoner is met for the first time with a warm accepting non-judgmental attitude, which does not, however, condone his previous behavior. It is the responsibility of the social worker to convey to the prisoner the military attitude in relation to his problems, so that he will be aware of the reality to which he is expected to adjust. The initial interview provides an excellent opportunity for supportive therapy.

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A Social Psychology of War and Peace (New Haven, 1948), pp. 87-88.



Special Regulation 210-185-1 provides that the classification board of the disciplinary barracks will include at least one medical service corps officer, either a psychiatric social worker or clinical psychiatrist, who will represent the psychiatry and neurology department. If there is sufficient staff coverage, the officers may alternate weekly. The board provides an excellent opportunity for interpretation and orientation. The social worker has considerable correspondence with relatives of the prisoners and with social agencies, particularly public welfare agencies. He has frequent interviews with relatives who come to visit inmates. He assists in group therapy and, at the direction of a psychiatrist, is the sponsor of various inmate groups such as Alcoholics Anonymous and Addicts Anonymous.

The social work officer in the disciplinary barracks is subject to the usual details which all junior officers are heir to. Although additional duties are necessary, it must be kept in mind that the social worker is a professional person and he must be consistently identified as such by both prisoners and duty personnel. His effectiveness may be greatly impaired if this function is confused with a punitive role. It has been found in a few cases that where the social worker is in charge of administrative discipline or punishment, his effectiveness has been seriously hampered.<sup>4</sup>

#### Enlisted Social Work Technician

The peacetime military establishment has adopted a "case aide" plan which has been receiving increasing recognition in public and private agencies. Under this plan, selected enlisted personnel are trained by the military and assigned to field installations with social work officers. Since his duties

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<sup>4</sup>

Psychiatry and the Military Offender (New York, 1945), p. 64.

conform to his training and experience, the technician does not assume responsibilities that require a background of professional training and experience in the exercising of professional judgement. He does serve productively, however, in important areas under the direct supervision of a social work officer.

The enlisted social work technician can obtain information for social histories. He may interview patients to obtain the social background information, including difficulties and experiences encountered in the military, or he may extract pertinent data from military and civilian records. Where appropriate he may contact the unit commanders and other military personnel to procure particular information about the individual serviceman. He may obtain information, in accordance with existing policy, from other social agencies, law enforcement agencies, penal institutions, hospitals and persons familiar with the patient's background. When the material is assembled, he attempts to verify certain essentials and organizes it into usable form.

He is particularly trained to help the patient carry out the instructions of the professional staff. By explaining and interpreting the function of the service to the patient, he can help him make use of the services that are available through military resources, the American Red Cross, and public and private welfare agencies. The technician is capable of encouraging the patient to take an active part in recreational, educational, occupational, informational, reconditioning, and other treatment programs. In some settings, particularly in training divisions, he may counsel with the patient about to be discharged from the military as to the appropriate social agencies in his community which may be of help to him in his readjustment to civilian life.

The enlisted social work technician may directly assist the officer in many ways. He observes and describes to the professional staff the patient's

reaction and behavior during the period the patient is in treatment. He may assume some of the responsibilities for interpreting to the unit which the team is servicing, the purpose, methods and goals of the team itself. He may assist in the collection of data and material for research projects as well as in the maintenance of adequate control records and reports.

Social work technicians are chosen from servicemen and women who have had two years of college or more. They are given a six-month course of intensive training in the basic fundamentals of social work at the Medical Field Service School, San Antonio, Texas. This school is staffed by both military and civilian social workers, physicians, psychiatrists and psychologists. Following completion of the course, further indoctrination is given in military hospitals for one month, after which the technician is assigned to a specific organization under a specific social work officer.<sup>5</sup>

#### American Red Cross Social Services

The American Red Corss has continued to furnish military hospitals with medical and psychiatric social work services such as it developed during and after World War I. Military and American Red Cross authorities feel that a practical, effective working relationship has been established between the Red Cross and military social workers assigned to any given military hospital.

The Red Cross function has continued in the field of recreation and in welfare services (emergency loans and grants, communications with local Red Cross chapters, comfort articles, personal services, applications for government benefits, etc.) It has continued to serve as the primary agency for effecting contact with the patient's community.

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Department of the Army Technical Manual, Military Social Work (Washington, 1950), pp. 43-44.

### Civilian Consultants

The Office of the Surgeon General, to assure professional competency in all areas of specialization, has adopted a plan of appointing civilian expert consultants to work closely with the medical military installations. Through regular visits to these installations for purposes of instruction and consultation on individual cases, these expert consultants give guidance to the military medical program. Such consultants have been appointed in the fields of medical and psychiatric social work. This program has helped to keep the military social work program in direct contact with leaders in the field, and thereby to help them keep abreast of developments in the profession as well as to receive competent consultation in respect to professional practice and program policy.

Further plans have been adopted to allow military social workers to attend special seminars at graduate schools of social work, as well as third-year and doctoral training in case work, supervision and administration.<sup>6</sup>

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<sup>6</sup>

Symposium on Military Social Work (Washington, 1955), p. 81.

## CHAPTER V

### CONCLUSIONS

With the exception of a few, social case workers have long been accustomed to working within complex administrative settings. As a serviceman, particularly in time of war, the social worker has shouldered a responsibility which is more demanding than any contractual obligation of an agency employing his professional services. He has become a member of an organization whose sole purpose is the achievement of success in battle. Although he has perhaps retained many of his responsibilities as a civilian, these responsibilities have had to take a place subordinate to his primary obligation to serve the military and its purposes. This has been equally evident in all the serviceman's activities, including the employment of his technical or professional skills. Regardless of the technical training which an individual has had, if the military has no means for the utilization of the skill, he is not asked to function in that capacity until the administrative machinery of the military makes it possible. The military social worker has developed from non-existence to the status of "critically needed specialist" in a matter of ten years.<sup>1</sup>

The full significance of practicing a profession in this kind of environment is one of the most difficult things for a social worker to comprehend. His training in many aspects of civilian practice generally allows for tremendous latitude in choices and a capacity for self-determination which are not present within a military environment. Here all individuals exist for the single purpose of increasing the efficiency of an army in combat. Once

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<sup>1</sup>  
Mental Hygiene in Modern Society (Boston, 1950), pp. 120-121.

a social worker has become a serviceman, and recognizes the necessity of the military singleness of purpose, he is able to assimilate this concept. He can then draw upon his civilian experiences in other settings where there are similar limitations of inflexibility, such as are frequently found in institutions and agencies which operate within strictly prescribed legal limits.

Remembering that the case work method is firmly planted in the surroundings in which it is practiced, the social worker has to develop full information and understanding of the environment he has come to know as a serviceman in the military. This is the reality to which he has to assist his serviceman clients in their problems of adjustment. He has to develop sensitivity to those factors in a serviceman's problem which could be changed so that the individual can become a more effective soldier. Dynamically the military social worker's formulation is: An individual who finds himself having difficulty in carrying out his military responsibilities is a person out of tune with his environment and, therefore, reveals increasing tension, dissatisfaction, and non-productivity. To effect change it is necessary to bring the serviceman into harmony with his military surroundings. This achievement, within the limits of the milieu concerned, is the ultimate goal of social case work to develop in the individual his fullest possible capacity for self-maintenance in a community group.<sup>2</sup> If this change is accomplished, tension is drained off, dissatisfaction abated, and the individual becomes productive and effective as a soldier or veteran. In order to achieve this result, the social worker who becomes a serviceman, assigned to perform in his professional capacity, has to share a singleness of purpose with the military.

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A Social Psychology of War and Peace (New Haven, 1948), p. 181.

Once this alignment with the military has taken place, the social worker's creativity helps him to adapt the civilian-learned techniques to the military setting. From his knowledge and experience in the field of social work, he is able to understand that his administrative relationship with military medicine implies that he is sharing a military responsibility to offer specialized medical services to various commands. This occurs in much the same way as he would become acquainted with the specific community responsibility assumed by a medical agency offering specialized services to members of the community. Therefore, in whatever installation he finds himself, he has to become acquainted with the specific mission of that installation as well as with the overall military policies for the care and treatment of servicemen who give indication of suffering medical, nervous, or mental disorders. Such servicemen might be in any phase of their military life. Thus the social worker has, at one time or another, found himself responsible for a variety of activities, running the gamut from assisting in the creation of policy at staff level through all stages of implementation of medical-psychiatric service to the point where he offers a case work service in an interview situation with the serviceman client.

In utilizing his technical case work skill, the military social worker has found and created the ways for adapting his skills through the various specific settings in which he practices. He has had to become clearly attuned to the resources of the military community in which he finds himself. It is necessary to recognize that, through the use of military administration and military directives, his official military position makes it possible for him to use certain resources in assisting servicemen with the solution of their problems in the military. He soon finds that these resources, since

they reach into every phase of a serviceman's life, are as easily reached as those available to a public or private community agency. Furthermore, he sees that it is possible to insure these services for his serviceman client in a more expedient manner than is usually possible in civilian life.



## BIBLIOGRAPHY

A Summary of a Job Study Undertaken by the War Service Office, American Association of Psychiatric Social Workers, (1943).

Dalton, Charles V. Mental Hygiene in Modern Society. Boston: Houghton Mifflin Co., (1950).

Department of the Army Technical Manual. Military Social Work. Washington: Department of the Army Press, (1950).

Department of the Army Technical Manual. Psychiatry and Military Law. Washington: Department of the Army Press, (1950).

Friedman, M. C., Major. Mental Hygiene Aids for the Line Officer. Washington: Department of the Army Press, (1944).

May, Mark A. A Social Psychology of War and Peace. New Haven: Yale University Press, (1948).

Menninger, William C. Psychiatry in a Troubled World. New York: MacMillan Co., (1948).

\_\_\_\_\_. Psychiatry and the Military Offender. New York: MacMillan Co., (1945).

Symposium on Military Social Work. Washington: Government Printing Office, (1955).

Wickenden, Elizabeth. Military Defense and Social Welfare. Washington: Government Printing Office, (1955).